

Important Advances in Clinical Medicine

Epitomes of Progress — General and Family Practice

The Scientific Board of the California Medical Association presents the following inventory of items of progress in general and family practice. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in general and family practice that have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on General and Family Practice of the California Medical Association and the summaries were prepared under its direction.

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Gardnerella Vaginitis

RAPID CHANGES have occurred during the past four years in the understanding and treatment of "nonspecific vaginitis." In 1954 Gardner described the role of a short Gram-negative bacillus, then designated as *Haemophilus vaginalis*, in a type of vaginitis that was not due to *Trichomonas*, *Candida* or *Neisseria*. It was not until 1978, however, when a group of researchers in Seattle reported that this organism may be responsible for virtually all cases of nonspecific vaginitis, that widespread understanding of this condition and the current therapy began to emerge. Recently the organism has been reclassified as *Gardnerella vaginalis*.

The term nonspecific vaginitis is now a misnomer because the clinical picture of gardnerella vaginitis is quite specific. Indeed, as is the case with other forms of vaginitis, this condition may be strongly suspected from the history and findings on physical examination. The characteristic symptoms are a grayish or white discharge and a typical odor. Usually absent are the symptoms of itching, burning or soreness seen with other forms of vaginitis. The odor is described as "fishy," becomes stronger after sexual intercourse and is accentuated by mixing on a slide the discharge

with a drop of 10 percent potassium hydroxide solution. This test is diagnostic and may be done in the examination room.

The wet mount preparation in gardnerella vaginitis shows few leukocytes and virtual absence of the normally appearing lactobacilli. Instead there are numerous short bacilli that are barely visible except by a Gram stain under oil magnification. The microscopic confirmation of the diagnosis is usually made of a wet mount by the appearance of the epithelial cells. The cytoplasm of the cells is granulated with the *G vaginalis* organisms and the margins are often indistinct ("clue cells").

Clinicians should be aware that an exact diagnosis in vaginitis may be difficult because of the often simultaneous occurrence of two or more infections.

Gardnerella vaginitis is generally a sexually transmitted disease. Either partner may be an asymptomatic carrier of the organism, so to eradicate the infection both partners should be treated.

Topical therapy has not been effective in treating gardnerella vaginitis. This is particularly true of the topical sulfonamides that have been widely advertised for use in nonspecific vaginitis. At present the treatment of choice is oral administra-